

### **Council Communication**

TO:

HONORABLE MAYOR AND COUNCILMEMBERS

FROM:

CATHY TEMPLETON, TOWN CLERK 503-6861

THROUGH:

PATRICK BANGER, TOWN MANAGER

**MEETING DATE:** 

**APRIL 19, 2012** 

**SUBJECT:** 

LIQUOR LICENSE - SOMEBURROS MEXICAN FOOD, 2597 SOUTH

MARKET STREET

STRATEGIC INITIATIVE:

N/A

LEGAL REVIEW

FINANCIAL REVIEW

**□** Complete

**☐** Complete

✓ N/A

▼ N/A

### RECOMMENDED MOTION

A MOTION TO ISSUE AN ORDER TO RECOMMEND APPROVAL OF A SERIES 12 RESTAURANT LIQUOR LICENSE FOR SOMEBURROS MEXICAN FOOD LOCATED AT 2597 SOUTH MARKET STREET.

### <u>OR</u>

A MOTION TO ISSUE AN ORDER TO RECOMMEND DENIAL OF A SERIES 12 RESTAURANT LIQUOR LICENSE FOR SOMEBURROS MEXICAN FOOD LOCATED AT 2597 SOUTH MARKET STREET FOR THE FOLLOWING REASONS (SPECIFIC REASONS FOR DENIAL MUST BE INCLUDED).

### <u>OR</u>

A MOTION TO MAKE <u>NO RECOMMENDATION</u> ON A SERIES 12 RESTAURANT LIQUOR LICENSE FOR SOMEBURROS MEXICAN FOOD LOCATED AT 2597 SOUTH MARKET STREET (A "NO RECOMMENDATION" RESULTS IN A HEARING BEING SCHEDULED BEFORE THE STATE LIQUOR BOARD).

### **BACKGROUND/DISCUSSION**

Timothy Vasquez is requesting approval of a Series 12 Restaurant Liquor License for Someburros Mexican Food located at 2597 South Market Street. *This is a new license*.

A Series 12 Liquor License allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food. Series 12 licenses are exempt from the 300 foot distance requirement from a church, a school building with any grades K-12 or a fenced recreational area adjacent to a school building.

Public notice was posted for the required 20-day period in accordance with the Arizona Department of Liquor License and Control posting requirement. No adverse information to justify a denial of this application was received from Planning and Zoning, Building and Code Compliance, Police Department, or from Maricopa County Environmental Services Department. There were no liquor related conditions in the zoning ordinance for this site.

Council's recommendation will be forwarded to the Arizona Department of Liquor License & Control. If Council recommends denial of an application, the minutes must reflect specific reasons, testimony, and other evidence that supports the motion to deny the license applications as required by A.R.S. 4-201.E further defined by Rule R19-1-102 (Attachment 1).

### **FINANCIAL IMPACT**

The license fee for a Series 12 Restaurant Liquor License is \$750 per year.

### **STAFF RECOMMENDATION**

Staff feels such requests are solely Council's prerogative and offers no recommendation on this request.

Respectfully submitted,

Cathy Temppleton

Town Clerk

Attachments/Enclosures:

Attachment 1 – Arizona Department of Liquor Licenses & Control,

Rule R19-1-102

Attachment 2 – Liquor License Application

### **Attachment 1**

### R19-1-102. Granting a License for a Certain Location

Local governing authorities and the Department may consider the following criteria in determining whether public convenience requires, and that the best interest of the community will be substantially served by the issuance or transfer of a liquor license at a particular unlicensed location:

- 1. Petitions and testimony from persons in favor or opposed to the issuance of a license who reside in, own or lease property in close proximity.
- 2. The number and series of licenses in close proximity.
- 3. Evidence that all necessary licenses and permits have been obtained from the state and all governing bodies.
- 4. The residential and commercial population of the community and its likelihood of increasing, decreasing or remaining static.
- 5. Residential and commercial population density in close proximity.
- 6. Evidence concerning the nature of the proposed business, its potential market and its likely customers.
- 7. Effect on vehicular traffic in close proximity.
- 8. The compatibility of the proposed business with other activity in close proximity.
- 9. The effect or impact of the proposed premises on businesses or the residential neighborhood whose activities might be affected by granting the license.
- 10. The history for the past five years of liquor violations and reported criminal activity at the proposed premises provided that the applicant has received a detailed report(s) of such activity at least 20 days before the hearing by the board.
- 11. Comparison of hours of operation of the proposed premises to the existing businesses in close proximity.



### Arizona Department of Liquor Licenses and Control 800 West Washington, 5th Floor Phoenix, Arizona 85007 www.azliquor.gov 602-542-5141

LOCAL GOVERNING BODY RECOMMENDATION
CITY/TOWN OF GILBERT STATE APPLICATION # 12079042
COUNTY OF MARICOPA, ARIZONA. CITY/TOWN/COUNTY#
ORDER#
At a Regular meeting of the City/Town/Count (Regular or Special) (Governing Body) . of the City/Town/Count
(Regular or Special) (Governing Body)  of Gilbert held on the 19 day of April (Month) (Year)
application of Timothy S. Vasquez for a license to sell spirituous liquors at
the premises described in Application # $2099042$ , License Class Series $2$ was considered as provided by Title 4, A.R.S. as amended.
IT IS THEREFORE ORDERED that the APPLICATION of
is hereby recommended for(approval/disapproval)
a license to sell spirituous liquors of the class, and in the manner designated in the Application.
IT IS FURTHER ORDERED that a Certified Copy of this Order be immediately transmitted to the Department of Liquor Licenses and Control, Licensing Division, Phoenix, Arizona.
CITY/TOWN/COUNTY CLERK
DATED AT
This day of(Month) (Year)

 ${}^{\star}$  Disabled individuals requiring special accommodations please call the Department

lic 1007 05/2009



### rizona Department of Liquor Licenses and Control 200 West Washington, 5th Floor

FEB & 9 2012

Phoenix, Arizona 85007 www.azliquor.gov 602-542-5141

### DEVELOPMENT SERVICE FOR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or the business must attend a Department approved liquor law training course or provide the Liquor Licensing requirements.	Managers actively involved in the day to day operations of proof of attendance within the last five years. See page 5 of
SECTION 1 This application is for a:	SECTION 2 Type of ownership:
☐ MORE THAN ONE LICENSE ☐ INTERIM PERMIT Complete Section 5	☐ J.T.W.R.O.S. Complete Section 6
M NEW LICENSE Complete Section 3	☐ INDIVIDUAL Complete Section 6
☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)	
Complete Sections 2, 3, 4, 11, 13, 15, 16	☐ PARTNERSHIP Complete Section 6 ☐ CORPORATION Complete Section 7
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)	☐ LIMITED LIABILITY CO. Complete Section 7 ☐
Complete Sections 2, 3, 4, 12, 13, 15, 16	☐ CLUB Complete Section 8
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE	GOVERNMENT Complete Section 10
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)  GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16	☐ TRUST Complete Section 6 ☐ OTHER (Explain)
	12 K12 N/2
SECTION 3 Type of license and fees LICENSE #(s):	
1. Type of License(s): 2	Department Use Only
2. Total fees attache	
APPLICATION FEE AND INTERIM PERMIT FEES (IF A	
The fees allowed under A.R.S. 44-6852 will be	charged for all dishonored checks.
SECTION 4 Applicant	
1. Owner/Agent's Name: Ms. Vasqut2 /Ino	thy Scott
(Insert one name ONLY to appear on license) Last	First Middle
2. Corp./Partnership/L.L.C.: Soneburas TNC (Exactly as it appears on Articles of Inc. or Articles	of Org.)
3. Business Name: Sone Guillon Mexican Food (Exactly as it appears on the exterior of premises)	
	SII to the second
it i intolpai direct Education Services	That Maritages 85295
(Do not use PO Box Number)	City County Zip
5. Business Phone: 480-497-8226 Daytime Cor	ntact: Tim 480-628-3251
6. Is the business located within the incorporated limits of the above city of Mailing Address: 2727 W. Full #205 Charles	1. 4
7. Mailing Address: 2727 W. Frye Fd. # 205 Character State	3/
8. Price paid for license only bar, beer and wine, or liquor store: Type	
DEPARTMENT USE OF	<u>NLY</u>
100.00	
Fees: VV·VV	Finger Prints \$ 100.00
Application Interim Permit Agent Change Club	Finger Prints \$
	TOTAL OF ALLT LES
Is Arizona Statement of Citizenship & Alien Status For State Benef	fits complete? 🗖 YES 🔲 NO
Accounted by: JR Date: 12-23-12	IDATANID
Accepted by: Date: しゅんかー人	Lic.#
July 2010 *Disabled individuals requiring special accomm	nodation, please call (602) 542-9027.

360231

### **SECTION 5** Interim Permit:

4-203.0	)1.						
2. There <b>M</b>	UST be a valid licens	e of the same type	you are applying	for currently issue	d to the location.		
3. Enter the	e license number curr	ently at the location	·				
4. Is the lice	ense currently in use?	YES 🗆 NO	If no, how lo	ong has it been out	of use?		
ATTACH T	HE LICENSE CURRE						
•	Print full name)	, declare that I am					
MEMBER,	, STOCKHOLDER, (	OR LICENSEE (cir	cle the title whic	• • •			
V					Count		
^	(Signature)		7	he foregoing instru		wledged before	
My commiss	sion expires on:			day of Day	Month	Year	<u> </u>
				(Signat	ture of NOTARY PU	BLIC)	
SECTION	I & I and bed about 1 and Da	-t	_				1
	6 Individual or Pa	-	•	AN RADDI IOANITE TVDE I	INCEDEDINT CARE	AND \$24 DDOCECCI	NO EEE
FOR EACH CAR		DIAPLETED QUESTIONNA	IRE (FORM LICUTOT),	AN APPLICANT TITE!	INGERFRINT CARD,	MND 324 FROCE331	*G FEE
1. Individua	al;						
Last	First	Middle	% Owned	Mailing Address		City State Zip	
Partnership	Name: (Only the first	partner listed will a	ppear on license	∋)			
General-Limite	d Last Fi	rst Middle	% Owned	Mailing Address	(	City State Zip	
00							
<u> </u>		(ATTACH	I ADDITIONAL SHE	ET IF NECESSARY)			
	erson, other than the a						
Last	First	Middle	Mailing Addres	• •	City, State, Zip	Telepho	ne#
						·	
			1			ı	

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S.

SECTION 7 Corporation/Limited Liability Co.: EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FOR	:M LIC0101), AN '	"APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING
FEE FOR EACH CARD.  Complete questions 1, 2	2, 3, 5, 6, 7,	and 8.
☐ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.		
Name of Corporation/L.L.C.: Sone bus ros In (Exactly as it appears on Articles)		on or Articles of Organization)
2. Date Incorporated/Organized: 10 21/85 State		. ,
3. AZ Corporation Commission File No.: 0179 6460		_ Date authorized to do business in AZ: 10/25/85
4. AZ L.L.C. File No:	Date	authorized to do business in AZ:
5. Is Corp./L.L.C. Non-profit? ☐ YES XNO		
6. List all directors, officers and members in Corporation/L.		Mailing Addrase City State 7in
Last First Middle	Title Direct	Mailing Address City State Zip
Vasquez bease Cons		2508 E. Beechwat Ct. Charder, Ac 85 249
Vasque Mary Elizabeth	Sec/p	ZOS E. December Ct. Chardler, Az. 8527
Valguez Imethy Scott	Pircher Director	SIX E. Ordle way Gilbert, 12 85295 1
	DICCI	- "41 0 1-11
		ET IF NECESSARY)
7. List stockholders who are controlling persons or who ow Last First Middle 9	vn 10% or m % Owned	Ore: Mailing Address City State Zip
Vasque George Cons	46 2501	E E. Deechwot Ct. Chadle, Az 85249
Vargue Tracky Scott	31 518	E Ordle way wilbert, Az 85295
Vasquez Any Elizabeth	13 166	50 S. 3845+ MX, AZ 85248
		4 E. Hanphow Ct. Gillet, Az 85295
8. If the corporation/L.L.C. is owned by another entity, atta		T IF NECESSARY)  stage of ownership chart, and a director/officer/member
		ed in order to disclose personal identities of all owners.
SECTION 8 Club Applicants:	<del></del>	
EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM FOR EACH CARD.	I LIC0101), AN "A	APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE
1. Name of Club:		Date Chartered:
(Exactly as it appears on Club Charter or Bylaws)  2. Is club non-profit?   YES  NO	)	(Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? LIYES LINO 3. List officer and directors:		
Last First Middle	Title	Mailing Address City State Zip

E)	Current Licensee's Name actly as it appears on license)	. <u> </u>	Last	First		Middle		
	Assignee's Name:		· · · · · · · · · · · · · · · · · · ·					
				1 1100		Middle		
	License Type:							
	ATTACH TO THIS APPLICA DECREE THAT SPECIFICA							_
31	ECTION 10 Governme	nt: (for cities, to	wns, or countie	es only)				
	Governmental Entity:							
≥.	Person/designee:	Last	Firs	st Mic	dle -	Contact I	Phone Number	<del></del>
	A SEPARATE LICENSE			H PREMISES FRO	M WHICH SP	PIRITUOUS LI	QUOR IS SERVED	).
	ECTION 11 Person to	Person Transfer		and Liquor Store				ក់ កប់ កា
	Current Licensee's Name:					_ Entity:		B
	(Exactly as it appears on license)		First		Middle		(Indiv., Agent, etc.)	IJ
	Corporation/L.L.C. Name:							3
	<u> </u>	(Exactly as it ap	pears on license)				•	سما در به
<b>.</b>	Current Business Name:							
		(Exactly as it ap	pears on license)					135 1
١.	Physical Street Location c	of Business: Stree	et					
		City, State, Zip	o					.4-2
5	License Type:	• • • • •						
•	Liocitico i ypo.		1001130 140111501	•				
3.	If more than one license to	o be transfered: L	icense Type:		License N	umber:		
,	O	0.						
٠.	Current Mailing Address: (Other than business)	Stree	t			<del></del>		
	(Octobrical Dabilloco)	City, State, Zip	)					
3	Have all creditors, lien hol	ders interest hold	ters etc been n	notified of this trans	sfer? $\Pi$ YF	ES 🗆 NO	-	
	Does the applicant intend 5 of this application, attac	to operate the bu	siness while this	s application is pe			yes, complete Sec	tion
10	l, [,		, here	by authorize the c	epartment to	process this	application to trans	sfer ti
	(print full name) privilege of the license to conditions, I certify that the	ne apolicant now	owns or will own	the property right	s of the licen:	se by the date	e of issue.	
	I,		, declare	e that I am the CU	RRENT OW	NER, AGENT	Γ, MEMBER, PAR	TNEF
	(print full name) STOCKHOLDER, or LICE true, correct, and complete	NSEE of the stat						
				State	of	Count	ty of	
•	(Signature of C	CURRENT LICENSEE	)				nowledged before	
٨	commission expires on:				Day	Month	Yea	ır

### SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1.	Current Business:	Name				
	(Exactly as it appears on licens					
2.	New Business:	Name				
	(Physical Street Location)					
3.	License Type:					
	If more than one license to I				ea Number	
5.	What date do you plan to m	ove?		What date do you	plan to open?	
<u>s</u>	ECTION 13 Questions restaurant	for all in-state a <u>licenses</u> (series		ng those applying for	government, hotel/mo	tel, and
he d	S. § 4-207 (A) and (B) state that n director, within three hundred (300) ergarten programs or grades one (above paragraph DOES NOT app	horizontal feet of a of 1) through (12) or wi	hurch, within three hur	ndred (300) horizontal feet of	a public or private school bu	ilding with 🚅
	a) Restaurant license (§ 4-205.0 b) Hotel/motel license (§ 4-205.0			) Government license (§ 4-2 ) Fenced playing area of a g		- ر ل
	Distance to nearest scho	ool:ft	Name of school	sl		
			Address	City St	ente, Zip	
2	2. Distance to nearest church	ch: ft	Name of churc			
	Market		Address			
 د	3. I am the:     Lessee	C Sublemen		City, Sta		
	•			Purchaser (of premises	)	
4.	. If the premises is leased giv	_	2727 U. 1		ChadlerAc 852	24
46	a. Monthly rental/lease rate	\$ 14,790.14	What is the rema	•		
4t	o. What is the penalty if the	lease is not fulfille	ed? \$ N/A	or other	ittach additional sheet if ne	
	What is the total <u>business</u> inc Please list lenders you owe		s license/location ex	\ <del></del>	.1.	(cessary)
L	ast First	Middle	Amount Owed	Mailing Address	City State	Zip
		· · · · · · · · · · · · · · · · · · ·				
		(AT	TACH ADDITIONAL SH			
6.	What type of business will to	his license be use	d for (be specific)?	MAICON F	and Restaurant	

### **SECTION 13 - continued** 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? ☐ YES ☐ NO If yes, attach explanation. 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO 9. Is the premises currently licensed with a liquor license? $\square$ YES $\square$ NO If yes, give license number and licensee's name: \_\_\_\_(exactly as it appears on license) Name \_\_\_ License # **SECTION 14** Restaurant or hotel/motel license applicants: 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO If yes, give the name of licensee, Agent or a company name: 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application. 3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control. 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this \( \square\) hotel/motel \( \square\) restaurant license, I certify that I understand that I must maintain a 'n minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application. applicant's signature As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly, installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for vous inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab. applicants initials SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form) 1. Check ALL boxes that apply to your business: ☐ Entrances/Exits ☐ Liquor storage areas Patio: Contiguous Service windows ☐ Drive in windows ☐ Non Contiguous 2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES If yes, what is your estimated opening date? month/day/year 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7. 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above). 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises. such as parking lots, living quarters, etc. As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

AMENDMENT

applicants initials

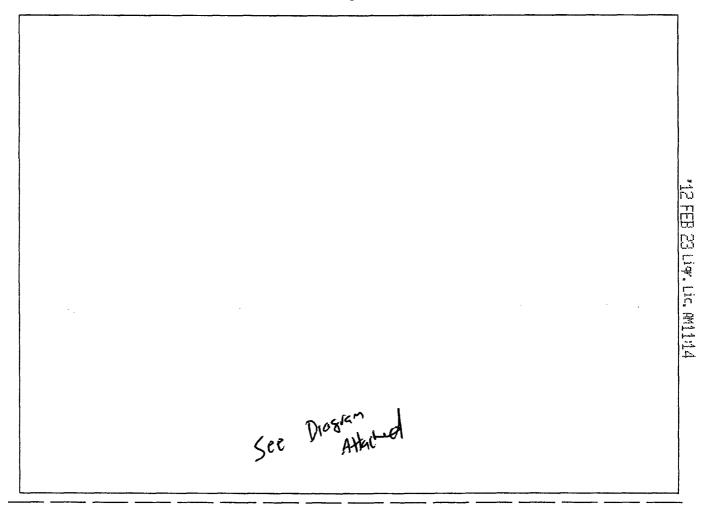
### **SECTION 13 - continued**

7. 1	Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
8	☐ YES NO If yes, attach explanation.  Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES 💆 NO
	•
9. i	s the premises currently licensed with a liquor license?   YES TONO If yes, give license number and licensee's name:
Lic	cense #(exactly as it appears on license) Name
-	
<u>S</u>	ECTION 14 Restaurant or hotel/motel license applicants:
1.	Is there an existing restaurant or hotel/motel liquor license at the proposed location?   YES NO If yes, give the name of licensee, Agent or a company name:
	and license #: Last First Middle
2.	If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3.	All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4.	As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this hotel/motel is restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.
	As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.
SE	ECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)
1.	Check ALL boxes that apply to your business:
	F Entrances/Exits  □ Liquor storage areas Patio:  Contiguous  S Service windows  □ Non Contiguous
2.	Is your licensed premises currently closed due to construction, renovation, or redesign?   If yes, what is your estimated opening date?    Minth   Min
3.	Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4.	The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5.	Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.
	As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows,or increase or decrease to the square footage after submitting this initial drawing.

### **SECTION 15** Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up 1.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



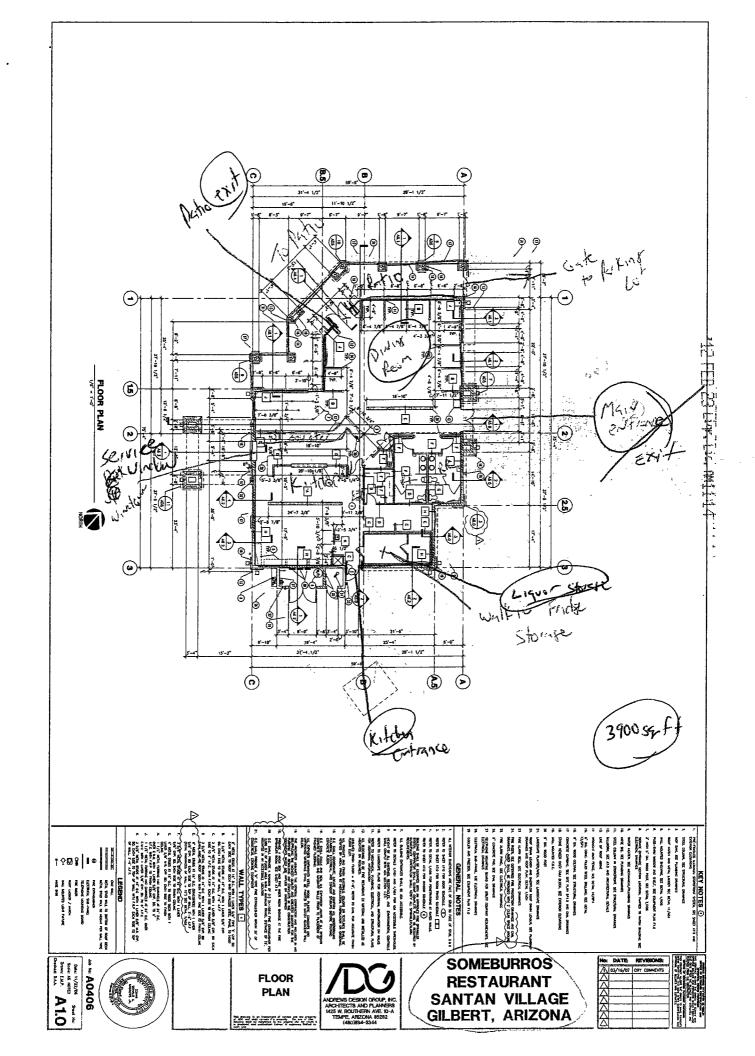
### **SECTION 16** Signature Block

(print full name of applicant)

application as stated in Section 4, Question 1.	I have read this application and verify all statements to be
true, correct and complete.	
(signature of applicant disted in Section 4, Question 1)	
	State of MIZEND County of MARICO DE
	The foregoing instrument was acknowledged before me this
	$\mathcal{O}_{\mathcal{O}}$

My commission expires on :

, hereby declare that I am the OWNER/AGENT filing this





800 W Washington 5th Floor Phoenix, AZ 85007-2934 www.azliquor.gov (602) 542-5141

	RESTAURANT OPERATION I	PLAN		
	LICENSE # 20790	42		
				<b></b>
List by Make, Model Grill	and Capacity of your :			
	Soffeed 8 buly			
Oven	N/A			ام 
Freezer	4x6 faret	walt.		ï
Refrigerator	4x8 ag/K-12	foda		
Sink	3 comprehent	SINK		
Dish Washing Facilities	SINK	-		
Food Preparation Counter (Dimension	ns) 3 8f+ -	talles		
Coarred (Difficilisio	113/1	1497		
	ur restaurant: Song らいへい	MXKan		
Print the name ofyo	ur restaurant: <u>Sove らいたい</u> r menu (Breakfast, Lunch and Dinne	MXKan		
Print the name ofyo  Attach a copy of you  List the seating capa	ur restaurant: <u>Sove らいたい</u> r menu (Breakfast, Lunch and Dinne	MXKan	ces).	
Print the name ofyo  Attach a copy of you  List the seating capa  a. Restaurant a	ur restaurant: <u>Sove といかい</u> r menu (Breakfast, Lunch and Dinne city for:	r including pri	ces).	
Print the name ofyo  Attach a copy of you  List the seating capa  a. Restaurant a  b. Bar area of y	r restaurant: Some bus not some former of your premises	r including pri	ces).	
Print the name ofyo Attach a copy of you List the seating capa a. Restaurant a b. Bar area of y c. Total area of	ur restaurant: Sore Lunch and Dinne r menu (Breakfast, Lunch and Dinne city for: rea of your premises our premises your premises	r including prid	S 1 1 1	
Print the name of your Attach a copy of your List the seating capara. Restaurant ab. Bar area of your C. Total area of What type of dinner Reusable Does your restaurant	ur restaurant: Sove bur restaurant: rmenu (Breakfast, Lunch and Dinne city for: rea of your premises our premises your premises	r including pride [ + 0 ]  [ + 0 ]  [ your restaurant separate from	ces).	seating? (If yes, wh

	ave live entertainment or dancir hat type and how often?)	ng?	☐ Yes ☐ No	
				ra
				C
Use space	e below or attach a list of emplo	yee positions and their d	luties to fully staff your busines	ss
_Co-~1	ter-cashiti serve	food assis	guer shorps,	SS.
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LINE	COOK - C1119007	1		21 
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Timoth	V Scott VSKV2	, hereby declare that I am	the APPLICANT filing this applicat	tion. I have
(P	riht full name)			
is application	and the contents and all statements tru	ue, correct and complete.	72.0 001	20.00
	= 6	State of ////C/C	County of /// County of // County of // County of /// County of //	e me this
	ture of APPLICANT)		5-100,00	2 D ()
(Signat			y of FEDRUFFRY_	
(Signat	FERRATA	Day of Month	Month	Year
(Signat	JUANITA A. ESPARZA Notary Public - Arizona Maricopa Courty Maricopa Courty	Day of Month	Month C	Year



## 

.5.85 Chorizo, jalapeños, white onions, and potatoes scrambled with eggs, topped with cheese and sour cream. Served with beans and a flour tortilla. El Disolo Scramble ....

..5.65 Green chiles scrambled with tomatoes, white onions, potatoes and eggs, Verde Scramble with melted cheese and sour cream. Served with beans and a flour tortills ..5.85 Beef tamale is grilled until crispy and served with one fried egg Señor Jorge..... plus a side of our delicious beans and a warmed flour tortilla .6.50 Celebrate a new day with two cheese enchiladas served with red or green sauce, topped with a fried egg and accompanied by our nana's beans. Somesa 4

Two soft corn tortillas are layered with two fried eggs, green sauce and sour cream and then dritzled with our tasty tomatillo sauce. Served with beans. Husvos Karcheres.....6.50

## BREAKENSE BURROS

El Diablo Scramble ......4.85 Verde Scramble .....4.65 Chorizo, Egg, and Potato .....3.85

Bacon, Egg, Cheese, and Potato . . . 3.85 Egg, Onion, and Potato.....3.85 Machaca Beef, Egg, and Potato...3.85

### 

for children 12 and under

Bacon and Egg Burrito with a side of beans and a drink............3.75 

X Did you know... Someburros gives back! ou will receive 20% of the sales that YOU bring in! Someburros will hold your fundraiser

	Half Pint	-	Pirt	Quart
lot Sauce 1.75	1.75		3.35	5.95
omatillo Sauce (Spicyl)	1.75	-	i	5.95
resh Chunky Salsa		•	3.75 6.55	6.55
3.05	3.05	-	5.95	10.45
ico de Avocado	3.05		5.95	., 10.45
alapeño Cream Cheese	3.05		3.055.95	10.45
Sour Cream	2.15		3.95	6.45
led Enchilada Sauce	1.85		3.45	5.95
areen Enchilada Sauce	1.85		3.45	5.95
lice	1.75	-	3.35	5.95
3eans	1.75		1,753.355.95	5.95
Red or Green Chili Beef	3.45		6.50	11.95
one Dozen Beef Tamales in the Husk				20.95
In Dozen Green Corn Tamales in the Husk				20.95
ne Dozen Flour Tortillas				3 55

... 3.95 .... 1.00 each One Dozen Fried Tostada Shells ... One Dozen Flour Tortillas. Crispy Tortilla Bowl.....

Small 1.50 • Medium 2.50 • Large 3.95 Fresh Chips by the Bag

## 



A beautifully arranged and delicious assortment of golden and crunchy miniatures offering ten bean beef taquitos and five chicken taquitos, Includes a large bag of chips, hot sauce & guacamole. Serves 10-12 burros, ten red chili burros, ten green chili burros, five Great for entertaining...Easy to serve and delicious

40 Mexican Minimures

24-hour advance notice requested 39.00

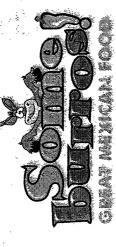
### For more information on

480-201-TACO (8226) catering please call

Catering menus available upon request. Prices are subject to change.

Also try our enchilada, taco, burr and pollo fundido platters!

WWW.someburkos.com





## 

480-443-TACO (8226)

7501 E. Frank Lloyd Wright Blvd, in the Promenade shopping center just west of Trader Joe's

MANAGE

480-839-TACO (8226) 101 E. Baseline Rd. SE Comer of Mill & Baseline Open Bady stern - John

3461 W. Frye Road Trye Road West of the 101 in front of Target

480-726-TACO (8226)

Open Dark: 9am - LOum

CHENDLER

STRPLEX

480-755-TACO (8226) 1335 E. Baseline Rd. SE Corner of Stapley & Baseline

South of Williamsfield Road on Market Street 480-497-TACO (8226) SANTAN Open Dally Som - J'Opm

\*12 FEB 23 Liv. Lic. 001111/4

# MUNCHIES DE MEXICO

Nachos. 4,75 with beans, cheese, jalapeños & tomatoes 3 Taquitos - Beef OR Chicken ......3.95 with guacamole

3 Mini Chimis with guacamole ......4,75

Small 1.50 • Medium 2.50 • Large 3.95 Fresh Chips by the bag

### のの名の問題

3	5. Веап	3.35 Shredded Chicken4.05
٠.	Red OR Green Chili Beef3.85	Shredded Beef OR Chicken AND Beans 4.05
3	Red AND Green Chili Beef3.85	Chorizo, Egg and Potato3.85
,s -	Red OR Green AND Beans3.85	Egg, Onion and Potato3.85
٠,	Three-Way: Red, Green AND Beans3.85	Bacon, Egg, Cheese and Potato3.85
:_}	Shredded Beef (Machaca)	Veggie Burro (see specialties)4.95
àzs	Signature Street Seef, Egg & Potato3.85	Carne Asada Burro (see specialties)4,95

Enchilada Style (Red or Green) 1.15 • Deep Fried .95 • Extra Cheese .75

### の次回が可の口

Shredded Beef OR Chicken	Beanth Boot
	Bean with Chicken

### 的明日於不利 THO THE STATE

	Beef Tamale with Red Sauce	3.35 Green Corn Tamale	with Green Sauce and Cheese
Served with Ked or Green Sauce	Cheese Enchilada2.85	Beef Enchilada3.35	Chicken Fuchilada

3,35

5.75		5.95	3.50
	75¢)		
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	for an a	tilla bow	
aco Salad served in a crispy tortilla bowl	(substitute shredded beef or chicken for an additional 75¢)	micken Avocado Salad served in a crispy tortilla bowl	Garden Salad 3.50
y tortilla	I beef or	ed in a c	***************************************
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# COSTAS MAIRECANAS

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# GOMBINATION GOMBOAS

## ORDINATION NATIONAL

Served deep fried, enchilada style (red or green) with guacamole and sour cream

7.3	Chicken OR Shredded Beef AND Beans
ķ7.3	Shredded Beef (Machaca)7.3
7.3	Shredded Chicken 7.33
7.1	Three-Way: Red AND Green AND Beans
7.1	Red AND Green Chili Beef7.11
7.1	Red OR Green Chili Beef
9.9	Bean

## COSAS PEQUENAS

	Fried Egg70	
Toms	Shredded Chicken OR Beef 3.75	
무	Green Chili OR Red Chili 3.45	
Vegg	3 Corn Tortillas95	
Jalap	Buttered Flour Tortilla95	
Pico	Flour Tortilla80	
Guac	Rice1.75	
Jalap	Whole Pinto Beans1.75	
Sour	Refried Beans1.75	

orio Cream Cheese ...... 1.35 jie Salsa .75...... 1/2 pint 1.75 ..... 1/2 pint 1.75 atillo Sauce (Spicy!) ......75 amole ......1.35 de Avocado ..... 1.35 Sauce .....

### りなることが

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Enchilada Style (red or green)	Deep Fried9	Extra Cheese
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Taco • Bean Burrito • Two Chicken or Beef Taquitos • Mini Cheese Crisp All served with whole or refried beans or rice, plus churro and kid's drink four choice of:

# DETAIL FOR

POLLO FUNDIDO,	Marinated chunks of chicken breast wrapped in a flour tortilla then deep fried and topped with jalapeño gream cheese, grated c	and green onions. Served with rice.	Caca Manaca
moa .	7.75 M	8.15 ar	7.95

Soft flour to till filled with green chili beef, covered with green sauce and melted cheese, topped with sour cream and guacamole.  CARNE ASADA BURRO	4.95
Thin slices of flavorful grilled steak, beans, rice and pico de avocado are wrapped together in a soft flour tortilla. Deliciosol	

6.95

g i i	salsa	e d	4	ξ.
<i>⊶</i> ≥ ∪	FRTV	FRTV	NAME BURRY.  Flour tortilla filled with tasty whole pinto beans, cheddar cheese, fresh avocado, cilantro, tomatoes, and white onions with side of veggie salsa.	VELUATE ENTRY.  Flour tortilla filled with tasty whole pinto beans, cheddar cheese, fresh avocado, cilantro, tomatoes, and white onions with side of veggie salsa,
2 6 6	If filed with tasty whole pinto beans, cheddar cheese, fre antro, tomatoes, and white onions with side of veggie is	of filed with tasty whole pinto beans, cheddar cheese, fresh antro, tomatoes, and white onions with side of veggie sals:	U filled with tasty whole pinto beans, cheddar cheese, fresh antro, tomatoes, and white onions with side of veggie salsa.	U filled with tasty whole pinto beans, cheddar cheese, fresh antro, tomatoes, and white onions with side of veggie salsa,
ortila ortila o, cil	ed with tasty whole pinto beans, cheddar cheese, fre	ed with tasty whole pinto beans, cheddar cheese, fresh ro, tomatoes, and white onions with side of veggie sals:	ed with tasty whole pinto beans, cheddar cheese, fresh ro, tomatoes, and white onions with side of veggie salsa.	ed with tasty whole pinto beans, cheddar cheese, fresh ro, tomatoes, and white onions with side of veggie salsa.
ortilla fille fo, cilanti	uith tasty whole pinto beans, cheddar cheese, fre tomatoes, and white onions with side of veggie s	rith tasty whole pinto beans, cheddar cheese, fresh tomatoes, and white onions with side of veggie sals:	rith tasty whole pinto beans, cheddar cheese, fresh tomatoes, and white onions with side of veggie salsa.	ith tasty whole pinto beans, cheddar cheese, fresh tomatoes, and white onions with side of veggie salsa.
sukko ortilla filled v io, cilantro,	tasty whole pinto beans, cheddar cheese, fre natoes, and white onions with side of veggie is	tasty whole pinto beans, cheddar cheese, freshatoes, and white onions with side of veggie sals:	tasty whole pinto beans, cheddar cheese, fresh natoes, and white onions with side of veggie salsa.	tasty whole pinto beans, cheddar cheese, fresh natoes, and white onions with side of veggie salsa.
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אראנע. ortilla filled with tasty whole pinto beans, cheddar cheess io, cilantro, tomatoes, and white onions with side of vegs		sk alsi	ssh alsa,	ssh alsa,

TOSTADA WRRDE
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CRUDO BURRO (Spicyf)	PONCHO VILLA	

1	200	y i Y i	-
	ROD BURRO A warmed flour tortilla filled with green and red chili beef, refried beans,	chorizo and white onions, then topped with both red and green enchilada	sauce and melted cheese.

<sup>3</sup> MoS/Sowl <sup>3</sup> <sup>3</sup> <sup>4</sup> <sup>5</sup> <sup>5</sup> <sup>6</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>7</sup> <sup>8</sup>		
ALBONINGAS SOMP (Served October thru May)	Seasoned meatballs served with rice in a savory broth with a	flour tortilla on the side.

### DULGES

Burritos	y Burritos
2.65 3 Apple	.95 3 Cheri
Cinnamon Crispies with Whipped Cream 2.65	Churro95

### 場の問題の対象

Sodas, Lemonade, Iced Tea, Power Ade Small	Bottled Water	orange June Milk / Chocolate MilkSmall 1.50 ● Large 1.95	- 1	Hot ChocolateSmall 2.15 • Large 2.70		Small
Sodas, Lemo	Bottled Water	Orange Juice	Coffee / Hot Tea	Hot Chocolate	Horchata (sorry, no refills)	Small

- B. Employee Log (A.R.S. §4-119)
- C. Employee time cards (actual document used to sign in and out each work day)
- D. Payroll records for all employees showing hours worked each week and hourly wages
- 13. Off-site Catering Records (must be complete and separate from restaurant records)
  - A. All documents which support the income derived from the sale of food off the license premises.
  - B. All documents which support purchases made for food to be sold off the licensed premises.
  - C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).

### A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

### A.R.S. §4-205.02(G)

For the purpose of this section:

- 1. "Restaurant" means an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food.
- 2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

any other licens	e that has been issued	I for the premises pursuant to this article	€.
I, ( <u>print</u> licensee name):	_		
1/939012	Tinothy	Scott	<del></del>
Last	First /	Middle	
have read and fully understand a	all aspects of this stateme		
	State of	MITANA County of NARICE	DD-
	The fore	going instrument was acknowledged before me	this
x Tib		2 day of FEBRUARY	2012
(Signature of Licensee)		Day Month Year	
My commission Expires on:	JUANITA A. ESPARZA  Notary Public - Arizona 8  Maricopa County  Expires Sept. 1, 2014	. Jacon Que	
	Day Month Year	(Signature of NOTARY PUBLIC)	$\mathcal{A}$
MAKE A COPY OF THIS	<u>S DOCUMENT AND K</u>	EEP IT WITH YOUR DLLC RECORDS	

## 112 FEB 23 Ligr. Lic. 9411/14

### ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor Phoenix, AZ 85007-2934 www.azliquor.gov (602) 542-5141

### RECORDS REQUIRED FOR AUDIT SERIES 11 (HOTEL/MOTELW/RESTAURANT AND SERIES 12 (RESTAURANT)

### MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

- 1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
- 2. A list of all food and liquor vendors
- 3. The restaurant menu used during the audit period
- 4. A price list for alcoholic beverages during the audit period
- 5. Mark-up figures on food and alcoholic products during the audit period
- 6. A recent, *accurate* inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
- 7. Monthly Inventory Figures beginning and ending figures for food and liquor
- 8. Chart of accounts (copy)
- 9. Financial Statements-Income Statements-Balance Sheets
- 10. General Ledger
  - A. Sales Journals/Monthly Sales Schedules
    - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
    - 2) Daily Cash Register Tapes Journal Tapes and Z-tapes
    - 3) Dated Guest Checks
    - 4) Coupons/Specials/Discounts
    - 5) Any other evidence to support income from food and liquor sales
  - B. Cash Receipts/Disbursement Journals
    - 1) Daily Bank Deposit Slips
    - 2) Bank Statements and canceled checks
- 11. Tax Records
  - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
  - B. Income Tax Return city, state and federal (copies)
  - C. Any supporting books, records, schedules or documents used in preparation of tax returns
- 12. Payroll Records
  - A. Copies of all reports required by the State and Federal Government

## 12 FEB 23 LIP. LIC. M11114

### ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W. Washington 5th Floor Phoenix, AZ 85007-2934 www.aziiquor.gov (602) 542-5141

### RECORDS REQUIRED FOR AUDIT SERIES 11 (HOTEL/MOTELW/RESTAURANT) AND SERIES 12 (RESTAURANT)

### MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

- 1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
- 2. A list of all food and liquor vendors
- 3. The restaurant menu used during the audit period
- 4. A price list for alcoholic beverages during the audit period
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- 12. Payroll Records
  - A. Copies of all reports required by the State and Federal Government

800 W Washington 5th Floor Phoenix AZ 85007-2934

(602) 542-51414 QUESTIONNAIRE FP Current 740 PloG31918 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but thus be blocked to be unreadable prior to posting

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10. Name of	Licensed Pi	remises	<u>&gt;one</u>	purios r	Itxican food	Premises Phon	ie: <u>480 - 4</u>	77-8	276
11. Physical L	ocation of L	Licensed	Premises Addre	ess: <u>2597 S</u> Street Add	MG/KG+ S/.  Iress (Do not use PO Box	<u> </u>	Marituz County		5295 Zip
12. List vour e	emplovment	or type	of business duri		(5) years. If unemployed	•	those dates. Lis	t most re	cent 1st.
FROM	то	0.0,00	DESCRIBE F			NAME OR NAME OF			
Month/Yea	r Month/Y	еаг	OR BUSI	INESS	(stree	t address, city, state &	zip)		
5/96	CURRE	NT 5	Restaurant	1 Maserla	ner Sone	burns 2727 L	W. Fre Roll	£ 505	
						hadle, Az			
						0 14.0	83 667		
				DITIONAL OLI	LET IE LIEGEOGABY EG	D SITUED OF OTIO			
13. Indicate v	our residen	ce addr	ATTACH AL ess for the last fi		EET IF NECESSARY FO	R ETHER SECTIO	NT.		
FROM	то	Rent or			NCE Street Address			T	
Month/Year	Month/Year	Own	If rented, attach a	dditional sheet wi	th name, address and phon	e number of landlord	City	State	Zip
4/08	CURRENT	CWN	518 €	. Oriolle u	Jes Jes		albert	AZ	82582
10/51	6/08	ann	744 €.	Harston	_CF		Gilbert	AZ	क्षा
					-				
<u> </u>		<del></del>	l				<del>                                     </del>	1	

If you checked the Manager box on the front of this form skip	p to # 15	
14. As a Controlling Person or Agent, will you be physically present and If you answered YES, how many hrs/day?, and answer		TYES NO
14a. Have you attended a DLLC-approved Liquor Law Training Course If the answer to # 14a is "NO", course must be completed before an existing license.	within the past 5 years? (Must provide proof)	□YES □NO
15. Have you been <u>detained</u> , <u>cited</u> , <u>arrested</u> , <u>indicted or summore</u> ordinance, regardless of the disposition, even if dismissed (include only traffic violations that were alcohol and/or drug	or expunged, within the past ten (10) years	□ YES 🐪NO
16. Are there <u>ANY</u> administrative law citations, compliance action or summonses <u>PENDING</u> against you or <u>ANY</u> entity in which		☐ YES 💆 NO
17. Have you or any entity in which you have held ownership, the EVER had a business, professional or liquor application or or fined in this or any other state?		□YES ÌXNO.
18. Has anyone <u>EVER filed suit or obtained a judgment agains</u> <u>misrepresentation</u> ?	st you, the subject of which involved <u>fraud or</u>	☐YES MOS
19. Are you <u>NOW</u> or have you <u>EVER</u> held <u>ownership</u> , been a <u>c</u> <u>director</u> or <u>manager</u> on <u>any other liquor license</u> in this or an		MYES □ NOT
If any answer to Questions 15 through 19 is "Y <u>Give complete details</u> including dates, as  SUBSTANTIVE CHANGES TO THIS AI	gencies involved, and dispositions.	D
20. I,	declare that I am the APPLICANT/REPRESEN statements are true, correct and complete.	NTATIVE
(Signature of Applicant)	State of Mono County of M	Micon.
My commission expires on:    Applicanty   Ap	the fc toing instrument was acknowledged day of Month  (Signature of NOTARY PUBLIC)	d before me this
		~
COMPLETE THIS SECTION ONLY IF YOU A APPROVING A MANA		GENT
21. The applicant hereby authorizes the person named on this		d liquor license.
The manager named must be at least 21 years of age.	State ofCounty of	
	The foregoing instrument was acknowledge	d before me this
X		
X Signature of Controlling Person or Agent (circle one)		d before me this  , ———— Year
X Signature of Controlling Person or Agent (circle one)  Print Name		Year

Day

Month

Year



To whom it may concern,

I am currently the liquor agent for the following licenses/business:

License # 1207842

Someburros Mexican Food

7501 E. Frank Lloyd Wright Blvd.

Scottsdale, AZ 85260

Sincerely,

Tim Vasquez



### ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

### Professional License and Commercial License

Department of Liquor Licenses and Control

Liquor License #:
Ownership Name: Some busines Two.  (as listed on the current liquor license application or renewal application)
Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.
Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.
Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.
SECTION I — APPLICANT INFORMATION
APPLICANT'S NAME (Print or type) Trothy ScH 1/4/5072 DATE 2/6/12
TYPE OF APPLICATION (check one) VINITIAL APPLICATION RENEWAL
TYPE OF LICENSE 12 19 townt
SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION
Directions: Attach a legible copy of the <u>front</u> and the <u>back (if any)</u> , of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided:
A. Are you a citizen or national of the United States? (check one) Yes No
B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.  City Country or Territory
If you are a citizen or national of the United States, go to Section IV. If you are <u>not</u> a citizen or national of the United States, please complete Sections III and IV.
DLLC 2/20/09 AG 11/08/07 - 81662

### SECTION III — ALIEN STATUS DECLARATION

**Directions:** To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the <u>front</u>, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided:

	•
"Qualified	d Alien" Status (8 U.S.C.§§ 1621(a)(1), -1641(b) and (c))
□ 1. A	an alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
☐ 2. A	an alien who is granted asylum under Section 208 of the INA.
□ 3. A	refugee admitted to the United States under Section 207 of the INA
□ 4. A	an alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
□ 5. A	an alien whose deportation is being withheld under Section 243(h) of the INA.
☐ 6. A	an alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
	an alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education e Act of 1980).
	an alien who is, or whose child or child's parent is a "battered alien" or an alien subjected to extreme the United States.
Nonimmi	grant Status (8 U.S.C.§ 1621(a)(2))
	A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are ho have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).
Alien Par	oled into the United States For Less Than One Year (8 U.S.C.§ 1621(a)(3))
□10. A	An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA
Other Per	rsons (8 U.S.C.§ 1621(c)(2)(A) and (C))
□ 11.	A nonimmigrant whose visa for entry is related to employment in the United States, or
☐ 12.	A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
□ 13.	A foreign national not physically present in the United States.
Otherwis	e Lawfully Present (A.R.S. § 1-501)
□ 14.	A person not described in categories 1–13 who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C.§ 1621(a).



### ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

### **Professional License and Commercial License**

Department of Liquor Licenses and Control

Liquor License #:
Ownership Name: Some by residual Two.  (as listed on the current liquor license application or renewal application)
Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.
Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.
Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.
SECTION I — APPLICANT INFORMATION
APPLICANT'S NAME (Print or type) Trothy ScH 1/4/5082 DATE 2/6/12
TYPE OF APPLICATION (check one)
TYPE OF LICENSE 12 restaurent
SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION
Directions: Attach a legible copy of the <u>front</u> , and the back ( <u>if any</u> ), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided:
A. Are you a citizen or national of the United States? (check one) Yes No
B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.  City Country or Territory
If you are a citizen or national of the United States, go to Section IV. If you are <u>not</u> a citizen or national of the United States, please complete Sections III and IV.
DLLC 2/20/09 AG 11/08/07 - 81662

### **Attachment to Form 1 Applicant Statement**

### EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

### LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

### Evidence showing U.S. citizen or U.S. national status includes the following: a. <a href="Primary Evidence">Primary Evidence</a>:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- United States passport;
- -(3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

### b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

(1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;

## 12 FB 23 LP. LLC #1114

### SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

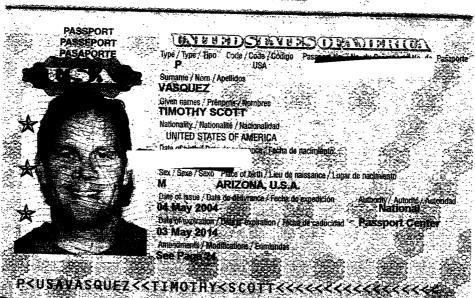
The Secretary of State of the United States of America
bereby requests all whom it may concern to permit the citizen/national
of the United States named herein to pass without delay or hindrance
and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai né difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

SIGNATURE OF BEARER IGNATURE DU TITULAIRE/FIRMA DEL TITULAR

### NOT VALID UNTIL SIGNED





800 W Washington 5th Floor Phoenix AZ 85007-2934

> 602) 542-5141 ÜESTIONNAIRE

TP (Mureat HD)

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to

local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view. Read carefully. This instrument is a sworp document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the deptal or subsequent revocation of a license or permit. TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT OF MANAGER LEACH PERSON COMPLETING THIS FORM MUST SUBMIT AN APPLICANT TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DELC. PINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DIES, THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE Effective 10/01/07 there is a \$24.00 processing fee for each finger print The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks. (If the location is currently licensed) 1. Check Controlling Person Agent appropriate (Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21 box Date of Birth: Name: (NOT a Public Recoru) Middle 3 \_ Social Security Number (NOT a public record) (NOT a public record) Height 610 "Weight: ZZO Country (not county) Daytime Contact Phone: 5. Marital Status Single Married Divorced Widowed Name of Current or Most Recent Spouse: (List all for last 5 years - Use additional sheet if necessary (NOT a public record) HRIZONA 7. You are a bona fide resident of what state? If Arizona, date of residency: Telephone number to contact you during business hours for any questions regarding this document. 9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card. Premises Phone 11. Physical Location of Licensed Premises Address: ころうて Street Address (Do not use PO Box #) County 12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st. EMPLOYER'S NAME OR NAME OF BUSINESS **DESCRIBE POSITION** FROM TO OR BUSINESS (street address, city, state & zip) Month/Year Month/Year CURRENT ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION↑ 13. Indicate your residence address for the last five (5) years. FROM TO RESIDENCE Street Address Rent or

If rented, attach additional sheet with name, address and phone number of landlord State Zip Month/Year Own

If you checked the Manager box on the front of this form skip t	0#15	
14. As a Controlling Person or Agent, will you be physically present and op If you answered YES, how many hrs/day?, and answer #1	erating the licensed premises?  4a below. If NO, skip to #15.	TYES DINO
14a. Have you attended a DLLC-approved Liquor Law Training Course wi	thin the past 5 years? (Must provide proof)	☐YES ☐NO
If the answer to # 14a is "NO", course must be completed before an existing license.		
15. Have you been <u>detained</u> , <u>cited</u> , <u>arrested</u> , <u>indicted or summon</u> ordinance, regardless of the disposition, even if dismissed or (include only traffic violations that were alcohol and/or drug re	expunged, within the past ten (10) years	☐ YES (XNO
16. Are there <u>ANY</u> administrative law citations, compliance action or summonses <u>PENDING</u> against you or <u>ANY</u> entity in which		TYES XNO
17. Have you or any entity in which you have held ownership, be EVER had a business, professional or <u>liquor application or liquor application or liquor fined</u> in this or any other state?	en an officer, member, director or manager ense rejected, denied, revoked, suspended	□YES XNO
18. Has anyone <u>EVER filed suit or obtained a judgment against y</u> <u>misrepresentation</u> ?	rou, the subject of which involved fraud or	□YES <b>ਕ੍ਰਾ</b> NO ਲੰ
19. Are you NOW or have you EVER held ownership, been a condition of the liquor license in this or any		<b>X</b> YES ∰NO
If any answer and "YE	S" YOU NEED TO THE STATE OF THE	<u> </u>
Give complete details including dates, age		
SUBSTANTIVE CHANGES TO THIS API		D Liq. Lic. #1115
CONS		
	eclare that I am the APPLICANT/REPRESEN	NTATIVE
filing this questionnaire. I have read this questionnaire and all sta	atements are true, correct and complete.	ப
(Sunge Vingly)	State of ANZONA County of Ma	aricopa
(Signature of Applicant)	The foregoing instrument was acknowledge	d before me this
JASMYNE L SETTLE	day of Months (	Year
Notary Public - Arizona  Notary Public - Arizona	( Solmune Bettle	aka
My Comm. Expires Jul 19, 2015 Day Month Year	(Signature of NOTARY PUBLIC)	
	Cymyro ball	mann
COMPLETE THIS SECTION ONLY IF YOU AR APPROVING A MANAG		GENT
21. The applicant hereby authorizes the person named on this q		d liquor license.
The manager named must be at least 21 years of age.	State ofCounty of	-
	The foregoing instrument was acknowledge	ed before me this
X	day of	
Signature of Controlling Person or Agent (circle one)	Month	Year
	(Signature of NOTARY PUBLIC)	
Print Name	(Synatore of the fract i esse)	
My commission expires on:		

Year

Day

Month



800 W Washington 5th Floor Phoenix AZ 85007-2934

(602) 542-51414 UESTIONNAIRE TP Owwent 710 Ploog 304 JB

Attention all Local Governing Bodies: Social Security and Biblidate laternation is Confidential. This information may be given to local law enforcement agencies for the purpose of backgrainia checks only out trust be blocked to be unreadable prior to posting or any public view. Read carefully. This instrument is a swarp document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the decial or subsequent revocation of a license or permit. TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT OF MANAGER LEACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OF TAINED AT DELY PROBER HIN TING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DIEST THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE. ri Liquor License # Effective 10/01/07 there is a \$24.00 processing fee for each fin The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks. (If the location is currently licensed) 1. Check Controlling Person Manager (Only) Agent appropriate (Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete # 25 box -Controlling Person or Agent must complete #21 for a Manager 2. Name: Middle NOT a Public Records 3 .. Social Security Number vers License (NOT a public record) (NOT a public record) Height: 6/0 "Weight: Z-20 Country (not county) Daytime Contact Phone: 480 -841-06 36 5. Marital Status Single Married Divorced Widowed 6. Name of Current or Most Recent Spouse: (List all for last 5 years - Use additional sheet if necessar HRIZONA 7. You are a bona fide resident of what state? If Arizona, date of residency: Telephone number to contact you during business hours for any questions regarding this document. 9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card. 10. Name of Licensed Premises: Premises Phone 11. Physical Location of Licensed Premises Address: Street Address (Do not use PO Box #) City or let County-12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st. EMPLOYER'S NAME OR NAME OF BUSINESS **DESCRIBE POSITION** FROM OR BUSINESS (street address, city, state & zip) Month/Year Month/Year CURRENT ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 13. Indicate your residence address for the last five (5) years: FROM TO **RESIDENCE Street Address** Month/Year State 7in Own with name, address and phone number of landlord

To whom it may concern:

I am currently the liquor agent for the following licensees/businesses:

### License # 12070465

**Ponchos Mexican Food Restaurant** 

7202 S. Central Ave.

Phoenix, Arizona 85042

### License # 12078432

Someburros Mexican Food

7501 N. Frank Lloyd Wright Blvd.

Scottsdale, Arizona 85260

Sincerely,

**George Vasquez** 

800 W Washington 5th Floor Phoenix AZ 85007-2934 (602) 542-5141

### QUESTIONNAIRE

Partient 7-10 P1063197 JB

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworp document Type or print with BLACK INK.

An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT OR MANAGER EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DELE. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DELE. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Εl	NFORCEMENT A	AGENCY OR A	A FINGERPRINTING SERVICE APPR	OVED BY DUC. THE DEPA	RTMENT DOES <u>NOT</u>	PROVIDE THIS SE	RVICE.	
<u>E</u> 1	ffective 10/01/	07 there is	a \$24.00 processing fee for eacl	n fingerprint card submi	itted.	Liquor Lice	ense #	
T	ne fees allowe	d by A.R.S.	§ 44-6852 will be charged for a	II dishonored checks.		120-	19042	
					(If	the location is curr	ently licensed)	
1.	Check			]Agent		Manager (O		
	appropriate	Controllin	(Complete Questions 1	-19)		I Questions <u>exce</u> rson or Agent m		
	box —		g Person or Agent must comple	te #21 for a Manager	1		1st complete # 2	<u>.1</u>
2.	Name: V	15472	1/4 E	11394fb	Date of E			-
		Last	First	Mi	iddle	( <u>NO I</u> a Pt	A _	
3	. Social Securit	y Number		Drivers Licer		State:/	72 = ==	
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4	. Place of Birth:	: MX	<u> </u>		<u>´´´</u> Weight: <u>/ 3 r</u>	Eyes:	Hair. DK	
		City	State <u>Co</u>	untry (not county)		11Ca =	2011 - 1511	· .
5.	Marital Status	Single	Married 🗌 Divorced 🔲 Widow	ed E	Daytime Contact Pho	one: 940 - 2	207 - 1830	2
6	Name of Curr	ent or Most F	Recent Spouse:	42 George	CON	Date of	_	
(L	ist all for last 5	years - Use a	dditional sheet if necessary)	Last First	Middle Maid		public record)	
_			A >	1.5	· Asimona data of roo	idens// 7/2	29/49 5	
			ent of what state?/		Arizona, date of res		//	_
8	Telephone nu	ımber to con	ntact you during business hours fo	r any questions regarding	this document	480-204-	-3140	_
9.	If you have be	en an Arizor	na resident for less than three (3) n	nonths, submit a copy of y	our Arizona driver's	license or voter re	gistration card.	
4.5	) Name of lies		Sesse Sanday O, 17X	in Food	Premises Pho	UG - UC	57-8776	
TU			BEST CONTRACTOR OF YM					_
11	Physical Loca	ation of Licer	nsed Premises Address: 257	S. MEVKIST.	6'/4vt	Maricale	<del>7</del> 85 291	
	\$8,30 5	· THOSING NA C ESCHWS∰	Street Ad	,	,	County	Zip	
12	List-your emp	oloyment or t	ype of business during the past five	e (5) years. If unemployed	part of the time, list	those dates. List	most recent 1st	-
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13	s. Indicate your	residence a	address for the last five (5) years:	122111 1420200 1111 1 0				_
	FROM	TO Ren	nt or RESID	ENCE Street Address				1
	Month/Year Mo	nth/Year Ov	wn If rented, attach additional sheet v	vith name, address and phone	e number of landlord	City	State Zip	4
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LIC	0101 9/24/2009	} □	Disabled individuals requiring specia	il accommodations, please	call the Department.	(602) 542-9027		

If the answer to # 14a is "NO", course must be completed before issuance of a new Ilcense or approval on an existing license.  15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)?  16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved?  17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state?  18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?  19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, other liquor license in this or any other state?  19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, other liquor license in this or any other state?  19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, other liquor license in this or any other state?  19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, other liquor license in this or any other state?  19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer member, other liquor license in this or any other state?  19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer member.  19. Give complete details including dates, agencies involved, and dispositions.  19. SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED  10. In this family have a controlling person, been an officer member.  1	YES X
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State of Acizara County of Market County	YES C
COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGEN APPROVING A MANAGER'S APPLICATION  21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named lique. The manager named must be at least 21 years of age.  State of County of  The foregoing instrument was acknowledged before	ore me this (2 Year CRUZ - Arizona ounty
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Print Name (Signature of NOTARY PUBLIC)	Year

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Month

Year

800 W Washington 5th Floor Phoenix AZ 85007-2934

(602) 542-5141 QUESTIONNAIRE P1063197 JB

Attention all Local Governing Bodies: Social Security and Billindate lutorination is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworp document. Type or print with BLACK INK.

An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT OR MANAGER LEACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OF TAMED AT DILLO. PINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE AT PROVED BY DILLO. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

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I am currently the liquor agent for the following license/business:

License #12078432 Someburros Mexican Food 7501 N. Frank Lloyd Wright Blvd. Scottsdale, AZ 85260

Sincerely,

Mary Vasquez

NOTE BUY LIGHTER

Print Form	۶

800 W Washington 5th Floor Phoenix AZ 85007-2934

(602) 542-5141

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting of any public view.

Read carefully. This instrument is a swort document. Type or print with BLACK INK.

An extensive investigation of your dackground will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

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If you checked the Manager box on the front of this form skip t	o # 15	
14. As a Controlling Person or Agent, will you be physically present and op If you answered YES, how many hrs/day?, and answer #1		□YES NO
14a. Have you attended a DLLC-approved Liquor Law Training Course with If the answer to # 14a is "NO", course must be completed before an existing license.	thin the past 5 years? (Must provide proof)	TYES NO
15. Have you been <u>detained</u> , <u>cited</u> , <u>arrested</u> , <u>indicted</u> or <u>summone</u> ordinance, regardless of the disposition, even if dismissed or (include only traffic violations that were alcohol and/or drug re	expunged, within the past ten (10) years	□YES PLNO
16. Are there <u>ANY</u> administrative law citations, compliance actions or summonses <u>PENDING</u> against you or <u>ANY</u> entity in which the summons of the summons		□ YES XNO
17. Have you or any entity in which you have held ownership, bee EVER had a business, professional or <u>liquor application or lictor or fined</u> in this or any other state?		□YES DXNO
18. Has anyone <u>EVER filed suit or obtained a judgment against y</u> misrepresentation?	ou, the subject of which involved fraud or	□YES ₹ZNO
19. Are you <u>NOW</u> or have you <u>EVER</u> held <u>ownership</u> , been a <u>condirector</u> or <u>manager</u> on <u>any other liquor license</u> in this or any o		XYES INO
If any answer to Questions 15 through 19 is "YES" "Give complete details including dates, age SUBSTANTIVE CHANGES TO THIS APP	ndes involved, and dispositions.	.D :D :D
20. I,, hereby de	clare that I am the APPLICANT/REPRESEN	NTATIVE 5
(print full name of Applicant)		NTATIVE F.
filing this questionnaire. I have read this questionnaire and all sta	tements are true, correct and complete.	: 近
•	State ofCounty of	Terrendia Ferrendia Ferrendia
(Signature of Applicant) .		
	The foregoing instrument was acknowledgeday of	d before me this
	Month	Year
My commission expires on:  Day Month Year	(Signature of NOTARY PUBLIC)	
COMPLETE THIS SECTION ONLY IF YOU ARE		 GENT
APPROVING A MANAGE	R'S APPLICATION	
21. The applicant hereby authorizes the person named on this qu	estionnaire to act as manager for the name	d liquor license.
The manager named must be at least 21 years of age.	State ofCounty of	
	The foregoing instrument was acknowledge	d before me this
x	day of	
Signature of Controlling Person or Agent (circle one)	Month	Year
	(Signature of NOTARY PUBLIC)	# 110 m m m m m m m m m m m m m m m m m m
Print Name	, 3	
My commission expires on:		

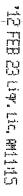


. If you checked the Manager box on the front of this form skip	to # 15	
14. As a Controlling Person or Agent, will you be physically present and of If you answered YES, how many hrs/day?, and answer!	operating the licensed premises? #14a below. If NO, skip to #15.	☐YES ☑NO
14a. Have you attended a DLLC-approved Liquor Law Training Course w If the answer to # 14a is "NO", course must be completed befor an existing license.	vithin the past 5 years? (Must provide proof)	TYES NO
15. Have you been <u>detained</u> , <u>cited</u> , <u>arrested</u> , <u>indicted</u> or <u>summo</u> ordinance, regardless of the disposition, even if dismissed o (include only traffic violations that were alcohol and/or drug	or expunged, within the past ten (10) years	YES TYNO
16. Are there <u>ANY</u> administrative law citations, compliance action or summonses <u>PENDING</u> against you or <u>ANY</u> entity in which	ons or consents, criminal arrest, indictments h you are now involved?	YES NO
17. Have you or any entity in which you have held ownership, b EVER had a business, professional or <u>liquor application or I</u> <u>or fined</u> in this or any other state?	een an officer, member, director or manager license rejected, denied, revoked, suspended	ADVES INO
18. Has anyone <u>EVER filed suit or obtained a judgment against misrepresentation</u> ?	tyou, the subject of which involved fraud or	MYES TYNO
19. Are you <u>NOW</u> or have you <u>EVER</u> held <u>ownership</u> , been a <u>condirector</u> or <u>manager</u> on <u>any other liquor license</u> in this or any		TAYES NO
If any answer to Questions 15 through 19 is "Y Give complete details including dates, as SUBSTANTIVE CHANGES TO THIS AF	gencies involved, and dispositions.	<b>:</b>
Am sich die	A A A A A A A A A A A A A A A A A A A	NEATO (E
20. I,, hereby (print full name of Applicant) filing this questionnaire. I have read this questionnaire and all s	declare that I am the APPLICANT/REPRESE	NTATIVE :
A Thave read this questionnaire and an a		and a second and a second a se
x A	State of Anzona County of W	lancopati
(Signature of Applicant)	The foregoing instrument was acknowledge	
	13 day of February	_,2012
2/ 0 00/1	Month 0	Year
My commission expires on:  LUCIA RODRIGUED  NOTARY PUBLIC - ARIZONA MARICOPA COUNTY  MARICOPA COUNTY	(Signature of NOTARY PUBLIC)	
COMPLETE THIS SECTION ONLY IF YOU AI	RE A CONTROLLING PERSON OR A	AGENT
21. The applicant hereby authorizes the person named on this	questionnaire to act as manager for the name	ed liquor license.
The manager named must be at least 21 years of age.	State ofCounty of	
	The foregoing instrument was acknowledg	ed before me this
x	day of	
X Signature of Controlling Person or Agent (circle one)	Month	' Year
	(Signature of NOTARY PUBLIC	>)
Print Name	(39,200,000,000,000,000,000,000,000,000,00	•
My commission expires on:		

Day

Month

Year





To Whom It May Concern,

I am currently the liquor agent for the following licensee/business:

License # 12078432

Someburros Mexican Food

7501 N. Frank Lloyd Wright Blvd.

Scottsdale, Arizona 85260

Sincerely,

Amy E. Vasquez

800 W Washington 5th Floor Phoenix AZ 85007-2934

(602) 542-5141 QUESTIONNAIRE Programment 7-10 Programment Tho

Attention all Local Governing Bodies: Social Security and Buthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.

An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

"AD	DLICANT" TV	DE EINIGEDI	DDINT (	CARD WHICH MAY BE OBTAINED SERPRINTING SERVICE APPROL	YAT DUIC FINGERPRINT	ING MUST BE DONE	BY A BONA FIDE L	AW RVICE.	
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1110	ices allow	SU DJ A.I.C.	<u> </u>	OOOL WIII DO OHAI GOO IOI GA		(if ti	ne location is curre	ently lice	nsed)
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	ppropriate	Controll	ina Da	Complete Questions 1-1 (Complete rson or Agent must complete		(Complete All	Questions <u>excer</u> son or Agent mu	<u>)t</u> # 14, 1 ist comr	4a & 21)
	0x —	<del> </del>				Date of Bi			
2. N	lame: CO	Last	N.	JENUILY First	<b>↓</b> ✓Mi	ddle	(NOT a Pu	blic Reco	ord) "
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·)-256	SOCIAI SECUI	ity indiffic	(NC	OT a public record)		I a public record)	***		Tell
4.1	Place of Birtl	PHO9	wix.	AZ US		<u>8"</u> Weight: <u>1S0</u>	Eyes:18 1	Hair:_P	rom)()
5. !	Marital Statu	City s □ Singl	le 🔯 M	State <u>Cou</u> l arried Divorced Widowed	ntry (not county) d	Daytime Contact Phor	ne: 490-24	4-1	DEPOK
6. I	Name of Cui	rent or Mos years - Use	st Rece	nt Spouse: WALLY 42 - COS nal sheet if necessary)	TANTINI April Last First	Middle Maide	Date en ( <u>NOT</u> a	public r	ecord
				what state? A 2	<del>-</del>	Arizona, date of resid	•		, i
8	Telephone r	number to c	contact	you during business hours for	any questions regarding	g this document. 🐴	30-244	OUF	ile
9.	If you have b	een an Ariz	zona re	sident for less than three (3) mo	onths, submit a copy of y	our Arizona driver's	license or voter re	gistratio	n card
				Someburzassille			e:490-95	S - 2	1226
					597 S. Market St	Tenno	Marie	4 ±	3 295 <b>BGC -</b> 4
11.	Physical Lo	cation of Li	censed	Premises Address: Street Add	lress (Do not use PO Box		County	<u> </u>	Zip
12.	List your en	nployment o	or type o	of business during the past five	(5) years. If unemployed	part of the time, list	those dates. List	most re	cent 1st.
	FROM	TO Month/Yea		DESCRIBE POSITION OR BUSINESS	EMPLOYER'S	NAME OR NAME OF E	BUSINESS		
	Month/Year	<del> </del>		meburros Inc.	Someburgos 1	•		CISCHIE	7
1	V/2002	CURREN	"   "	MA DOKATOS ILIC.	3137 m to	je rd chur	der, AZ	4527	F
					34e 205				
13.	Indicate vo	ur residenc	e addre	ATTACH ADDITIONAL SHI ess for the last five (5) years:	EET IF NECESSARY FO	OR EITHER SECTIO	<b>N</b>		
, 0	FROM		Rent or	RESIDE	ENCE Street Address				
	Month/Year M	/lonth/Year	Own	If rented, attach additional sheet wi	ith name, address and phor	ne number of landlord	City	State	96.20
	112008	CURRENT	$\frac{1}{2}$	744 & Hampton	<u>C</u> +		Gilbert	AZ_	
	12/00	1207	aun	1870 corintia	st		Carlshad	CA	92009
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	,,,,,			- way					
ı ic	0101 9/24/20	109	Dieal	oled individuals requiring special	Laccommodations, please	e call the Department.	(602) 542-9027	<u></u>	4

If you checked the Manager box on the front of this form skip to 14. As a Controlling Person or Agent, will you be physically present and ope		☐YES NO
If you answered YES, how many hrs/day?, and <u>answer #14</u> 14a. Have you attended a DLLC-approved Liquor Law Training Course with	<u>ta below</u> . If NO, skip to #15. hin the past 5 years?(Must provide proof)	□YES □NO
If the answer to # 14a is "NO", course must be completed before an existing license.	issuance of a new license or approval on	
15. Have you been <u>detained</u> , <u>cited</u> , <u>arrested</u> , <u>indicted</u> or <u>summone</u> ordinance, regardless of the disposition, even if dismissed or e (include only traffic violations that were alcohol and/or drug rel	expunged, within the past ten (10) years	□YES X NO
16. Are there <u>ANY</u> administrative law citations, compliance actions or summonses <u>PENDING</u> against you or <u>ANY</u> entity in which y	s or consents, criminal arrest, indictments you are now involved?	□YES X NO
17. Have you or any entity in which you have held ownership, bee EVER had a business, professional or <u>liquor application or lice</u> <u>or fined</u> in this or any other state?	en an officer, member, director or manager ense rejected, denied, revoked, suspended	□YES XNO
18. Has anyone EVER filed suit or obtained a judgment against your misrepresentation?	ou, the subject of which involved <u>fraud or</u>	□YES XNO
19. Are you <u>NOW</u> or have you <u>EVER</u> held <u>ownership</u> , been a <u>con</u> <u>director</u> or <u>manager</u> on <u>any other liquor license</u> in this or any o	trolling person, been an <u>officer, member,</u> ther state?	XYES □ NO
If any answer to Questions 15 through 19 is "YES	3" YOU MUST attach a signed statement.	T. T.
Give complete details including dates, ager		
SUBSTANTIVE CHANGES TO THIS APP	PLICATION WILL NOT BE ACCEPTE	D E
land it a Cooke it		
20. IONIUM COSTUNTIMI, hereby de (print full name of Applicant)	clare that I am the APPLICANT/REPRESEN	NIAIIVE 🚡
filing this questionnaire. I have read this questionnaire and all sta	tements are true, correct and complete.	
		NTATIVE CI. WILLS
a l Ch	State of <b>arizona</b> County of Y	
(Signature of Applicant)	The foregoing instrument was acknowledge	d before me this
	13 day of February	, Zorz
	1117 Menth	Year
My commission expires on loshub Letters 3, 2015	111	
Notary Publicay Month Year Maricopa County, Arizona My Comm. Expires 01-03-2015	(Signature of NOTARY PUBLIC)	
COMPLETE THIS SECTION ONLY IF YOU ARE APPROVING A MANAGE		GENT
21. The applicant hereby authorizes the person named on this qu	uestionnaire to act as manager for the name	d liquor license.
The manager named must be at least 21 years of age.	State ofCounty of	
	The foregoing instrument was acknowledge	ed before me this
X	day of	
X Signature of Controlling Person or Agent (circle one)	day of Month	, Year
XSignature of Controlling Person or Agent (circle one)	Month	
X Signature of Controlling Person or Agent (circle one)  Print Name		

Day

Month

Year



To Whom It May Concern,

I am currently the liquor agent for the following licensee/business:

<u>License # 12078432</u>

Someburros Mexican Food

7501 N. Frank Lloyd Wright Blvd.

Scottsdale, Arizona 85260

Sincerely,

Jennilyn Costantini